# P2200034872

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## **WALK IN**

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### **COVER LETTER**

TO: Amendment Section **Division of Corporations** NAME OF CORPORATION: MAX APPLIANCE REPAIR, INC P22000034872 DOCUMENT NUMBER: The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: ZAHAVA ARONOV Name of Contact Person ORB CPA PA Firm' Company 1000 S STATE RD 7 Address PLANTATION FL 33317 City/ State and Zip Code info@maxappliancerepair.ca E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: MAKSIM GRINVALD Name of Contact Person Enclosed is a check for the following amount made payable to the Florida Department of State: S35 Filing Fee ☐\$43.75 Filing Fee & ☐\$43.75 Filing Fee & ☐\$52.50 Filing Fee Certificate of Status Certified Copy Certificate of Status (Additional copy is Certified Copy enclosed) (Additional Copy is enclosed) Mailing Address Street Address Amendment Section Amendment Section

Division of Corporations

Tallahassee, FL 32303

The Centre of Tallahassee

2415 N. Monroe Street, Suite 810

Division of Corporations

Tallahassee, FL 32314

P.O. Box 6327

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#### Articles of Amendment to Articles of Incorporation of

MAX APPLIANCE REPAIR, INC.

(Name of Corporation as currently filed with the Florida Dept. of State) P22000034872 (Document Number of Corporation (if known) Pursuant to the provisions of section 607.1006, Florida Statutes, this Florida Profit Corporation adopts the following amendment(s) to its Articles of Incorporation: A. If amending name, enter the new name of the corporation; The new name must he distinguishable and contain the ward "corporation," "company," or "incorporated" or the abbreviation "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc.," or "Co". A professional corporation name must contain the word "chartered," "professional association," or the abbreviation "P.A." 3001 W. HALLANDALE BEACH BLVD B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS) **UNIT 318** PEMBROKE PARK, FL 33009 C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) D. If amending the registered agent and/or registered office address in Florida, enter the name of the new registered agent and/or the new registered office address: Name of New Registered Agent (Florida street address) New Registered Office Address: , Florida (City) (Lip Code) New Registered Agent's Signature, if changing Registered Agent; I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position. Signature of New Registered Agent, if changing Check if applicable

☐ The amendment(s) is/are being filed pursuant to s. 607.0120 (11) (e), F.S.

P = President; V= Vice President; T= Treasurer; S= Secretary; D= Director; TR= Trustec; C = Chairman or Clerk; CEO = Chief Executive Officer; CFO - Chief Financial Officer. If an officer/director holds more than one title, list the first letter of each office held. President, Treasurer, Director would be PTD. Changes should be noted in the following manner. Currently John Doe is listed as the PST and Mike Jones is listed as the V. There is a change, Mike Jones leaves the corporation, Sally Smith is named the V and S. These should be noted as John Doe, PT as a Change. Mike Jones, V as Remove, and Sally Smith, SV as an Add. Example: X Change PT John Doc X Remove Y Mike Jones <u>X</u> Add <u>SY</u> Sally Smith <u>Addres</u>s <u>Title</u> Type of Action Name (Check One) YULIA KRIVORUK 1021 LARTER STR 1) X Change **INNISFIL L9SON4** \_\_ Add ON CA \_\_\_\_ Remove 2) \_\_\_\_ Change \_\_\_\_ Add Remove 3) \_\_\_\_ Change \_\_\_\_ Add \_\_ Remove Change \_\_ Add \_\_\_\_ Remove 5) \_\_\_\_ Change \_\_\_\_ Add \_\_\_\_ Remove 6) \_\_\_\_ Change \_\_ Add

If amending the Officers and/or Directors, enter the title and name of each officer/director being removed and title, name, and

address of each Officer and/or Director being added:

Please note the officer/director title by the first letter of the office title:

(Attach additional sheets, if necessary)

Remove

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The date of each amendment(s) adoption:	, if other than the
date this document was signed.	•
Effective date if applicable:	
(no more than 90 days	after amendment file date)
Note: If the date inserted in this block does not meet the applicable s document's effective date on the Department of State's records.	tatutory filing requirements, this date will not be listed as the
Adoption of Amendment(s) (CHECK ONE)	
The amendment(s) was/were adopted by the incorporators, or board action was not required.	of directors without shareholder action and shareholder
The amendment(s) was/were adopted by the shareholders. The number by the shareholders was/were sufficient for approval.	er of votes cast for the amendment(s)
□ The amendment(s) was/were approved by the shareholders through values the separately provided for each voting group entitled to vote separately.	
"The number of votes cast for the amendment(s) was/were suff	icient for approval
by	
(voting group)	
Dated Oct 12, 2022	
Signature (By a director, president or other officer – it	directors or officers have not been
selected, by an incorporator - if in the hand appointed fiduciary by that fiduciary)	s of a receiver, trustee, or other court
MAKSIM GRINVALD	
(Typed or printed name	of person signing)
P	
(Title of person signing)	